

Material & Methods: Between June 2007-December 2010, the diagnoses of 9,780 male patients over 18 years old that applied to our urology polyclinic were reviewed. The 10 diseases with the highest frequency, the rate of the disease and the intra-group ranking were determined in 18-40 year-olds, in patients ≥40 years old and in total. The rate of ED among urological cases was considered to be the self-reported ED prevalence. The findings were evaluated using the population-based (Turkey) ED prevalence found in the literature. Also, the prevalence of Benign Prostatic Hyperplasia (BPH) was evaluated in the Turkish population. This evaluation compared the ED and BPH prevalence.

Results: The prevalence of ED (self-reported ED) was 4.8%, 1.9% and 8.2% in the total population, in 18-40 year-olds and in patients ≥40 years old, respectively. The ED ranking was eighth, eighth and third in these groups, respectively. The prevalence of BPH was 23.9%, 1.6% and 50.8% in these groups, respectively. The most frequent disease was BPH in the total and ≥40 year-old groups. Despite the high Turkish population-based ED prevalence in the literature (69.2%), the prevalence of self-reported ED among urological cases was 4.8%. This rate is relatively lower than expected.

Conclusions: The prevalence of ED in urological cases is relatively lower than expected. There is a discrepancy between the self-reported ED prevalence in urological cases and population-based ED prevalence. The cause of this condition may be relatively lower among Turkish ED patients visiting urologists.

S6 COMPARISON OF ERECTILE FUNCTION AND SATISFACTION RATE IN MEN TREATED WITH ORAL DRUGS, INTRACAVERNOSAL INJECTIONS (ICI) AND PENILE PROSTHESIS

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Introduction & Objectives: We compare the efficacy rate (improvement of erection –production of rigid erection) and the treatment satisfaction in the 3 groups of patients, using validated questionnaires.

Material & Methods: •147 consecutive patients (January 2008-April2010). 20 to74 years old (mean age 46,7) •Mean follow-up : 25,5 months • 22 – not available for follow-up• 125 patients :A. History, physical evaluation, endocrine profile, NPT, RT Rigi Scan, penile Doppler, B. Administration of : 1.EDITS-Erectile Dysfunction Inventory for Treatment Satisfaction questionnaire. 2.IIEF(Erectile Function Domain) Patients - office visits and not by telephone. • Based on the response and contraindications, and patients preferences – 3 treatment groups were identified: 1. 42 patients – on oral drugs. (All patients were instructed to ingest the medication on an empty stomach + in the presence of sexual stimulation).14-Sildenafil 50mg,14-Vardenafil 10mg, 14 – Tadalafil 10mg. Based on response and side effects the dose was escalated to 100mg, 20mg and 20mg respectively. 2. 50 patients – on ICI.(12 of them-patients in whom per os treatment failed after multiple attempts). 3. 33 patients who underwent IPP. EDITS Questionnaire-Student's t-test for statistical analysis.

Results: A total of 125 patients were available for follow up. 42 patients - per os (71% (30) reported success with per os drugs, 5-discontinued the treatment due to side effects, 7 –because the per os drug was ineffective). 50 – ICI. 76% (38) reported success with ICI. 8 – discontinued the treatment (ineffective treatment in 5, 1-scar tissue, 1-pain, 1- aversion to self injection). 4- ineffective treatment with max.dose of Trimix (3 of them –post RRP patients,1 –high grade venous leakage). 33- IPP. 96% (29) reported success with penile prosthesis. 30-patients had a3-piece inflatable penile prosthesis,1- 2-piece inflatable penile prosthesis, 2 - semi-rigid. • There was no statistical difference in the total EDITS or EFD score between the groups on ICI and oral drugs, respectively. • Total EDITS and EFD scores were significantly higher in patients who underwent IPP than those on oral drugs. • Total EDITS and EFD scores were significantly higher in patients who underwent IPP than those on ICI. EDITS and EFD scores in patients treated with oral drugs, ICI and IPP No. pts 42 50 33 Mean EDITS 28,02 26,1 36,1 Mean EFD score 21,2 22,8 28,1.

Conclusions: At a mean follow up of 25,5 months men who underwent penile implant surgery had significantly better erectile function and treatment satisfaction than those receiving oral drugs and ICI therapy.

S7 PREVALENCE AND ASSOCIATION OF SEXUAL DYSFUNCTION WITH POTENTIAL RISK FACTORS IN IRAN: RESULTS FROM AN EPIDEMIOLOGICAL STUDY

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Introduction & Objectives: Sexual Dysfunction (SD) is an important public health problem affecting about 30% to 60% of men in the world wide according to recent surveys in different regions of the world (1). This problem correlates with some socio-demographic factors, medical conditions, medical treatments and life style factors. In a population based study, prevalence of SD and its relationship with mentioned factors were evaluated.

Material & Methods: This survey was conducted between January 2006 and

January 2007 as a population based study in Iran. By a systematic cluster sampling from 5 different provinces in our country, 2296 men aged between 25 to 60 years old were selected. Information gathered via physician- conducted interview. Various aspects of male sexual function were assessed using standardized, validated questionnaire (IIEF-15 adjusted questionnaire). Data regarding demographics, medical conditions and concomitant medication were collected. To quantify the association between SD and potential risk factors, bivariate and multivariate analysis were performed.

Results: The age-adjusted overall prevalence of SD in Iran was 66.8% and Erectile Dysfunction (ED) and Premature Ejaculation (PE) were the most frequently reported problems. In a bivariate analysis increased prevalence of SD was significantly associated with age, low educational level, unemployment, diabetes mellitus, hypertension and cigarette smoking. No association detected between SD and opium addiction and residence in urban or rural regions. In multivariate model, severity of SD was only associated to diabetes mellitus, hypertension and cigarette smoking.

Conclusions: SD is a major health concerns with personal and interpersonal factors that could have effect on men's quality of life. In Iran, SD is a common problem as in other countries. On this population based study, we identify some correlates with SD which could be helpful for physician to evaluating their patients.

S9 HABITS AND AWARENESS OF TURKISH UROLOGISTS ABOUT USING GONAD PROTECTIVE

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Introduction & Objectives: Recently, performing of minimally invasive procedures (PCNL-RIRS) for diagnosing and treating urological pathologies is used more frequently. Thus, fluoroscopy is used more frequently. In this study, we aimed to learn the attitude and behaviour of Turkish urologist about using Gonad Protective (GP) tools during fluoroscopic procedures.

Material & Methods: Because of this objective a questionnaire which includes 15 questions was prepared. The questionnaire was delivered to urologists in Turkish Urology congress. 271 questionnaire which was filled by urologists were evaluated.

Results: 39 professor, 27 associate professor, 38 assistant professor, 85 urologist expert and 83 assistant urologist were answered the questionnaire. The mean working time of participants in urology practise was 8,7 years. According to questionnaire results 41% of participants were never read an article and 22% have never seen a GP device. There were no GP devices in 95% of their hospitals. 95% participants indicated that they believe to use GP device is useful. The 85% of urologists were believe that they were not sensitive using GP device and this issue may be a legal problem. The urologists answer to the question that 'why they do not use GP?' 40% was expensive, 50% difficulty of using, 55% not practical usage. 20% of the urologists answered 'yes' to question ' have you ever ask a question to infertile men of exposing to radiation?'. 98% of urologists answered yes to question 'Are you interested in a session which about exposing to radiation in an urology congress?'.

Conclusions: According to this questionnaires results the use of GP is not common and the Turkish urologists do not attitude and care about this issue. The urologists must be educated in urological academic platforms about GP.

S10 NO EVIDENCE OF DEPRESSION, ANXIETY, AND SEXUAL DYSFUNCTION FOLLOWING PENILE FRACTURE

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Introduction & Objectives: Penile fracture is a rare urological trauma mostly caused by a blunt trauma to an erect penis during sexual activity. There is a gap in the literature about psychological status of patients following penile fracture surgery. We aimed to assess the long term psychological status of penile fracture patients who have been treated by immediate surgical repair.

Material & Methods: Thirty-two patients with penile fracture were treated surgically at our center. These 32 patients and 30 healthy control subjects were included in the study. All participants have completed the Hospital Anxiety and Depression Scale (HADS), Glombok-Rust Sexual Satisfaction Scale (GRSSS), and the Premature Ejaculation Diagnostic Tool (PEDT).

Results: The mean age of patients was 30.4 years, mean body mass index was 27.3, and there were no obese patients. Sexual intercourse was the most common cause of the fracture. Immediate surgical repair was performed in all cases using a circumferential subcoronal incision and none of the patients had urethral injury intraoperatively. All tears were unilateral with a mean size of 1.5 cm. Only two patients had superficial dorsal vein rupture. The mean time from the penile trauma was 15.9±6.3 months (range 6 to 23). Only three patients had complications due to penile fracture including minimal penile curvature, penile nodule, and penile pain during intercourse. The mean scores obtained from PEDT, HADS, and GRSSS did not show any statistically significant difference between groups (Table 1). Anxiety,

depression, premature ejaculation, and sexual dissatisfaction levels were similar in both penile fracture patients who underwent immediate surgical repair and healthy control subjects. Table 1. Mean scores of PEDT, HADS, and GRISS in patient and control groups.

	Penile Fracture Group (n=32) Mean \pm SD	Healthy Control Group (n=30) Mean \pm SD	p
PEDT	6.6 \pm 2.7	4.8 \pm 2.8	0.20
HADS			
HADS Anxiety	6.4 \pm 5.8	5.6 \pm 2.3	0.71
HADS Depression	4.6 \pm 3.4	5.8 \pm 3.5	0.49
HADS Total	11.0 \pm 8.4	11.4 \pm 5.1	0.91
GRISS			
Frequency	3.0 \pm 2.3	1.9 \pm 1.0	0.22
Communication	2.9 \pm 2.7	2.0 \pm 1.6	0.45
Satisfaction	3.6 \pm 1.5	4.1 \pm 1.4	0.50
Avoidance	1.5 \pm 1.7	1.5 \pm 0.8	0.96
Touching	1.1 \pm 1.5	1.8 \pm 2.4	0.54
Impotence	3.6 \pm 2.9	1.8 \pm 1.6	0.13
Premature ejaculation	4.8 \pm 1.5	4.5 \pm 3.2	0.84
Total	22.8 \pm 6.6	19.9 \pm 5.1	0.35

PEDT: Premature ejaculation diagnostic tool; HADS: Hospital anxiety and depression scale; GRISS: Golombok-Rust inventory for sexual satisfaction.

Conclusions: Penile fracture is a serious trauma for the patients. But immediate surgical repair of corporal ruptures had not any harmful long-term psychogenic sequelae on anxiety, depression, premature ejaculation and sexual satisfaction levels between patients with penile fracture and healthy control subjects.

S11 HEALTH-RELATED QUALITY OF LIFE IN TESTICULAR CANCER SURVIVORS IN SERBIA

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Introduction & Objectives: Testicular cancer (TC) is the most common malignancy in men aged 15-34 years, and there has been increasing incidence in many countries over the past years. With the introduction of platinum-based chemotherapy, TC has become curable in more than 95% of patients, implying the vast number of TC survivors (TCS) and emphasizing the importance of the quality of life of these patients after successful treatment. The aim of this study was to examine health-related quality of life (HRQOL), depression, and sexual function within a large and representative sample of Serbian long-term TCS.

Material & Methods: This is a cross-sectional study involving 202 TCS, regularly followed up for at least one year, in our institution, after radical orchiectomy and platinum based chemotherapy. The HRQOL was assessed by using SF-36 and EORTC QLQ-C30 questionnaires (validated Serbian versions). Beck Depression Inventory (BDI) was used to explore feelings and attitudes relating to general depressive status and to verify the influence of depression on HRQOL of TCS. Sexual function was assessed by a 9-item generic questionnaire.

Results: The mean age of patients involved in this study was 35.3 \pm 9.6 years, and the mean follow-up time was 47.3 \pm 26.8 months. The highest values of the SF-36 scales were obtained for Physical Functioning (89.2 \pm 17.8) and the lowest SF-36 values were obtained for Vitality (72.6 \pm 18.0). The mean score of the whole sample on the BDI-II was 4.0 (standard deviation, 5.0, range 0-22). One hundred seventy-seven patients (87.5%) were not depressed, 22 patients (11.0%) were mildly depressed, 4 patients (2%) were moderately depressed, and no patients were severely depressed. The analysis of mean values of subscales of EORTC QLQ-C30 in our patients showed that the highest mean value of the three symptom scales was registered for Fatigue (19.7 \pm 20.9). A total of 55 (27.3%) TCS reported decreased sexual function compared to the period before treatment. Any level of impairment of erectile function was reported by 42 (20.8%) patients. In patients with decreased sexual function as well as impairment of erectile function, statistically significant differences ($p < 0.01$) were observed in all QOL domains (both SF-36 and EORTC QLQ-C30) and BDI. Depressed mood (measured by BDI) statistically significantly ($p < 0.01$) correlated with all SF-36 and EORTC QLQ-C30 sub-scales.

Conclusions: In conclusion, our patients reported high levels of HRQOL and implied the low risk of long-term psychosocial effects. Additionally, patients with TC should be counseled about the relatively modest impact of their treatment on sexual function.

S12 ONE YEAR RESULTS OF PENILE CORPORAPOPLASTY USING CRURA OF TUNICA ALBUGINEA IN TREATMENT OF PENILE CURVATURE IN PEYRONIE'S DISEASE

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Introduction & Objectives: A Nesbit or plication procedures for correcting penile deformities is associated with penile shortening, especially in patients with excessive curvature. On the other hand, grafting procedures varies in success and long term follow-up shows a significant graft retraction and erectile dysfunction. We evaluated the clinical success of crural tunica albuginea autograft, in our patients during one year.

Material & Methods: Between 2006 and 2010, 14 patients who were referred to Imam Reza hospital (mean age 48.07) with deformity and induration of penis for more than 6 months despite of normal rigidity underwent surgery. After excision of plaque, second incision in perineal midline was made and Tunica albuginea grafting removed from crural segment. Resulting gap was covered with free graft. Follow-up visits were done at 3, 6 and 12 months later.

Results: Major perioperative complications weren't seen and all patients reported spontaneous erection after a week. At 3, 6 and 12 months follow-up there was straightening of penis in 92.85%, 92.85% and 78.25% of patients and acceptable erectile function in 100%, 92.85% and 85.7% of them. After a year, curvature of penis more than 20 degrees in 3 (21.4%) and worsening of erectile dysfunction in 2 patients (14.3%) was happened. Minimal shortening of penis in 3 patients (21.4%) didn't interfere with intercourse. Palpable induration and hyposensitivity of glans, anyone in 2 patients (14.3%) was seen. Patients satisfied of cosmetic results in 92.85% and functional consequences in 78.5%.

Conclusions: Using Tunica albuginea autograft from crural segment for the treatment of Peyronie's disease is an available option with high cosmetic and functional patient satisfaction, acceptable straightening of penis and preservation of erectile function without more shortening. Further studies with more patients and long time follow-up is recommended.

S13 TOTAL PHALLOPLASTY IN FEMALE TRANSSEXUALS: TECHNIQUE AND OUTCOMES

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Introduction & Objectives: Total phalloplasty includes creation of neophallus from an extragenital tissue, large enough to enable insertion of penile prosthesis and penetration during sexual intercourse and is usually done as a separate procedure. We evaluated principles of technique and outcomes using latissimus dorsi microvascular free flap phalloplasty in female transsexuals.

Material & Methods: Between May 2007 and March 2011, 42 female transsexuals, aged 21 – 58 years (mean 37 years) underwent sex reassignment surgery that included: Removal of internal/external female genitalia, creation of neophallus using microvascular latissimus dorsi free flap, clitoral incorporation into the neophallus, urethral lengthening and insertion of testicle prosthesis into the scrotum created from joined labia majora. Penile prosthesis insertion was done 6 to 12 months later.

Results: Follow-up was from 6 to 48 months (mean 31 months). The length of neophallus ranged from 13–17 cm with circumference from 11–14 cm. There was no partial or total necrosis of the phallus. Urethral fistula occurred in 5 cases and repaired 3 months later.

Conclusions: Total phalloplasty is feasible and safe surgical procedure. The main advantage is complete reconstruction of neophallus that avoids multi-staged gender reassignment surgery in female transsexuals. Our results confirmed successful outcome.

S14 DIRECT VISION INTERNAL URETHROTOMY: ROUTINE OR STAR-LIKE INCISION?

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Introduction & Objectives: The aim of the study was to determine outcome of star-like internal urethrotomy in comparison with routine urethrotomy.

Material & Methods: One hundred men with bulbar urethral stricture less than 1.5 cm whom candidate for Direct Vision Internal Urethrotomy (DVIU) were enrolled in this study. Patients with urethral stricture caused by prostatectomy, with history of internal urethrotomy for two times or more, and with stricture in other sites of urethra (except bulbar urethra) had been excluded. Patients were assigned in a randomized manner, with 50 patients in each group of routine internal urethrotomy (group 1) and star-like internal urethrotomy (group 2). After procedure a 16-Fr siliconized foley catheter was inserted for the patients. The foley catheter removed 3 to 7 days post urethrotomy, and Clean Intermittent Catheterization (CIC) was